Endoscopic Treatments of Gastric Mucosal Lesions Are Not Riskier in Patients with CRF or LC

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Objectives: Endoscopic techniques including endoscopic submucosal dissection (ESD) and endoscopic mucosal resection (EMR) have been accepted in the treatment of early neoplastic lesions of stomach. Little is known about feasibility of endoscopic treatments for patients with chronic renal failure (CRF) or liver cirrhosis (LC). The aim of the present study is to assess the safety, efficacy, and clinical outcomes of EMR or ESD in patients with CRF or LC compared to those in patients without them.

Methods: A retrospective analysis was performed at single center. From February 2003 to November 2009, 1016 gastric neoplastic lesions in 933 patients were treated by using EMR or ESD. Among them, patients with LC and CRF were 17 and 18 respectively. En bloc resection rate, histological complete resection rate, operation time, and complications were analyzed in patients with CRF or LC and compared with those of patients without them (control group).

Results: Baseline characteristics were not different between groups except high co-morbidities in CRF group. Prevalence of adenocarcinoma in LC group was higher than in control (63.6% vs. 41.7%, \( p=0.001 \)). Operation time and therapeutic outcomes such as en bloc and complete resection rates did not differ significantly between groups. Immediate bleeding tended to be more observed in combined CRF and LC patients than control (47.5% vs. 33.9%, \( p=0.077 \)). The incidence of perforation did not show a significant difference between combined CRF and LC and control (2.5% vs. 3.0%, \( p=0.667 \)). The hospital stay in CRF group was longer than control group (7.10±3.90 vs. 4.90±3.15, \( p=0.030 \)).

Conclusions: EMR and ESD for the treatment of early gastric neoplasia in patients with CRF or LC are equally effective and tolerable compared to those without them.